

County: Manitowoc
HAMILTON MEMORIAL HOME
1 HAMILTON DR

Facility ID: 4020

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TWO RIVERS 54241 Phone:(920) 793-2261
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 85
Total Licensed Bed Capacity (12/31/04): 85
Number of Residents on 12/31/04: 85

Ownership: Limited Liability Company
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 80

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.9	
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years		45.9	
Supp. Home Care-Personal Care	No	Developmental Disabilities	1.2	Under 65	5.9	More Than 4 Years		21.2	
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	9.4	65 - 74	8.2			-----	
Day Services	No	Mental Illness (Other)	0.0	75 - 84	31.8			100.0	
Respite Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.7	*****			
Adult Day Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.4	Full-Time Equivalent			
Adult Day Health Care	No	Cancer	0.0		-----	Nursing Staff per 100 Residents			
Congregate Meals	No	Fractures	7.1		100.0	(12/31/04)			
Home Delivered Meals	No	Cardiovascular	16.5	65 & Over	94.1	-----			
Other Meals	No	Cerebrovascular	7.1		-----	RNs		7.4	
Transportation	No	Diabetes	14.1	Gender	%	LPNs		5.2	
Referral Service	No	Respiratory	1.2		-----	Nursing Assistants,			
Other Services	Yes	Other Medical Conditions	43.5	Male	24.7	Aides, & Orderlies			
Provide Day Programming for				Female	75.3	37.1			
Mentally Ill	No	-----	-----		-----				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	4	6.1	133	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.7
Skilled Care	6	100.0	342	56	84.8	114	0	0.0	0	12	100.0	150	0	0.0	0	1	100.0	145	75	88.2
Intermediate	---	---	---	6	9.1	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	7.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		66	100.0		0	0.0		12	100.0		0	0.0		1	100.0		85	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	10.3	Bathing	0.0	27.1	72.9	85
Private Home/With Home Health	7.7	Dressing	10.6	85.9	3.5	85
Other Nursing Homes	2.6	Transferring	20.0	49.4	30.6	85
Acute Care Hospitals	75.6	Toilet Use	16.5	52.9	30.6	85
Psych. Hosp.-MR/DD Facilities	0.0	Eating	29.4	62.4	8.2	85
Rehabilitation Hospitals	0.0	*****				
Other Locations	3.8	Continence		%	Special Treatments	%
Total Number of Admissions	78	Indwelling Or External Catheter	8.2	Receiving Respiratory Care		5.9
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	35.3	Receiving Tracheostomy Care		1.2
Private Home/No Home Health	16.4	Occ/Freq. Incontinent of Bowel	22.4	Receiving Suctioning		2.4
Private Home/With Home Health	23.3			Receiving Ostomy Care		0.0
Other Nursing Homes	2.7	Mobility		Receiving Tube Feeding		2.4
Acute Care Hospitals	17.8	Physically Restrained	4.7	Receiving Mechanically Altered Diets		21.2
Psych. Hosp.-MR/DD Facilities	0.0			Other Resident Characteristics		
Rehabilitation Hospitals	0.0	Skin Care		Have Advance Directives		83.5
Other Locations	5.5	With Pressure Sores	9.4	Medications		
Deaths	34.2	With Rashes	9.4	Receiving Psychoactive Drugs		54.1
Total Number of Discharges (Including Deaths)	73					

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.1	84.2	1.12	88.5	1.06	87.7	1.07	88.8	1.06
Current Residents from In-County	94.1	76.9	1.22	72.5	1.30	70.1	1.34	77.4	1.22
Admissions from In-County, Still Residing	34.6	19.0	1.82	19.6	1.76	21.3	1.62	19.4	1.78
Admissions/Average Daily Census	97.5	161.6	0.60	144.1	0.68	116.7	0.84	146.5	0.67
Discharges/Average Daily Census	91.3	161.5	0.57	142.5	0.64	117.9	0.77	148.0	0.62
Discharges To Private Residence/Average Daily Census	36.3	70.9	0.51	59.0	0.61	49.0	0.74	66.9	0.54
Residents Receiving Skilled Care	92.9	95.5	0.97	95.0	0.98	93.5	0.99	89.9	1.03
Residents Aged 65 and Older	94.1	93.5	1.01	94.5	1.00	92.7	1.02	87.9	1.07
Title 19 (Medicaid) Funded Residents	77.6	65.3	1.19	66.3	1.17	68.9	1.13	66.1	1.18
Private Pay Funded Residents	14.1	18.2	0.78	20.8	0.68	19.5	0.72	20.6	0.69
Developmentally Disabled Residents	1.2	0.5	2.35	0.4	3.17	0.5	2.39	6.0	0.19
Mentally Ill Residents	9.4	28.5	0.33	32.3	0.29	36.0	0.26	33.6	0.28
General Medical Service Residents	43.5	28.9	1.51	25.9	1.68	25.3	1.72	21.1	2.07
Impaired ADL (Mean)	57.4	48.8	1.18	49.7	1.16	48.1	1.19	49.4	1.16
Psychological Problems	54.1	59.8	0.91	60.4	0.90	61.7	0.88	57.7	0.94
Nursing Care Required (Mean)	6.5	6.5	1.00	6.5	1.00	7.2	0.90	7.4	0.87